



ATHENS
WELLBEING PROJECT
FOOD INSECURITY

MAY 2023

AWP 3.0



About AWP

The purpose of the Athens Wellbeing Project (AWP) is to provide comprehensive data from a representative sample of households on our unique needs and assets in Athens-Clarke County. Launched in 2016, the AWP is championed by the Athens Area Community Foundation. Three rounds of survey data collection have been completed-- version 1.0 in Fall 2016, version 2.0 in Fall 2018, and version 3.0 in Fall 2021--with the intent of building a longitudinal dataset across time.

AWP data provide information across all domains of life in our community. These include:

- Lifelong Learning
- Health
- Housing
- Community Safety
- Civic Vitality

The AWP is pioneering an unprecedented collaboration of community leaders, using a data collection approach that is representative of our community. The research design and community participation incorporates vulnerable populations providing unique opportunities to understand wellbeing across all groups in our county.

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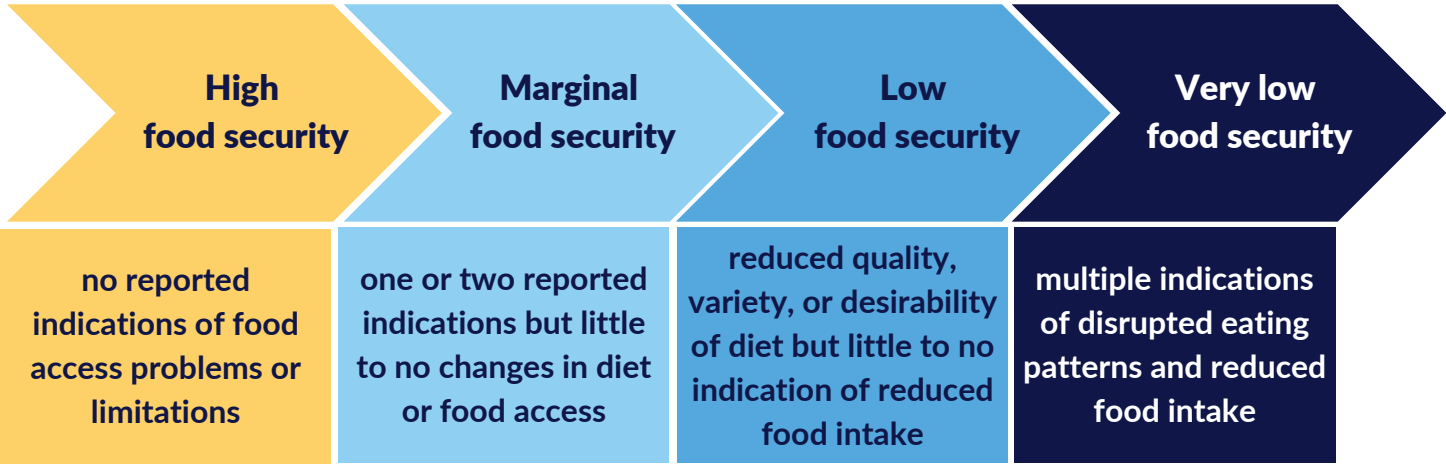
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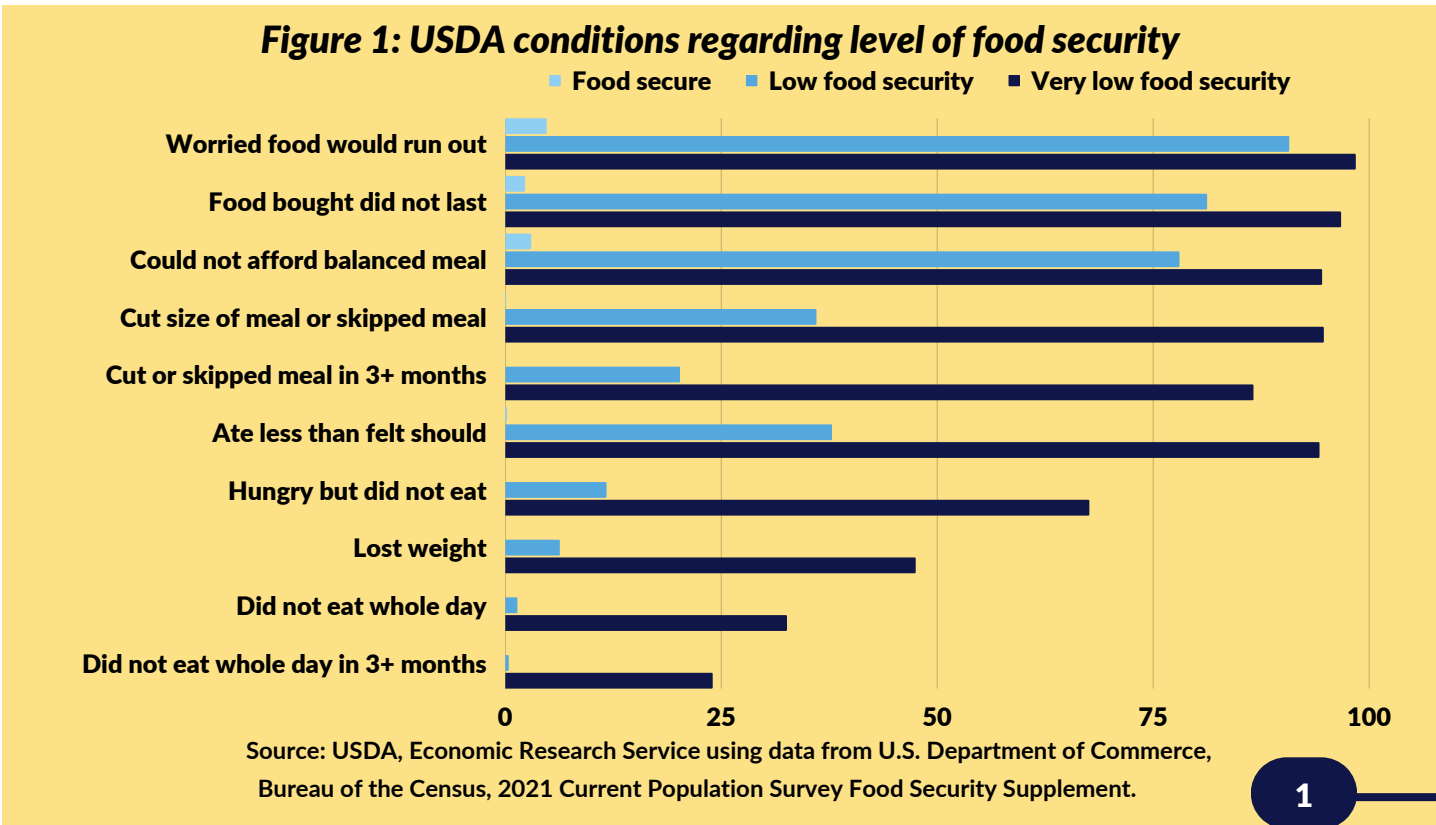
INTRODUCTION

What is food insecurity?

Food insecurity is a household-level economic and social condition of limited or uncertain access to adequate food.¹ The United States Department of Agriculture separates food security and insecurity into four categories:

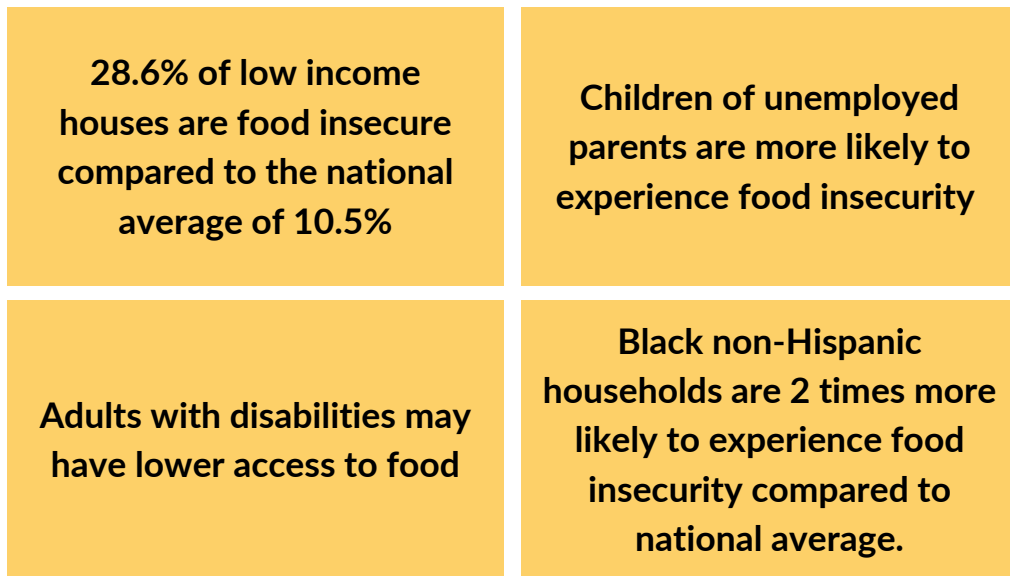


Food insecurity is measured by a set of indicators established by the USDA regarding anxiety about food access, quality of meals, reduction of food intake, and weight loss due to lack of access. Examples of these indicators are listed in Figure 1. Very low food security is marked as reporting at least 6 of 10 conditions, but 69% of people with food insecurity reported having 7 or more.¹



Food insecurity is associated with socioeconomic factors such as income, employment, race/ethnicity, disability, access to supermarkets or grocery stores, or limited transportation access.² Low income households, households with unemployed adults, people with disabilities, and minority households are more likely to experience food insecurity as shown in Figure 2.

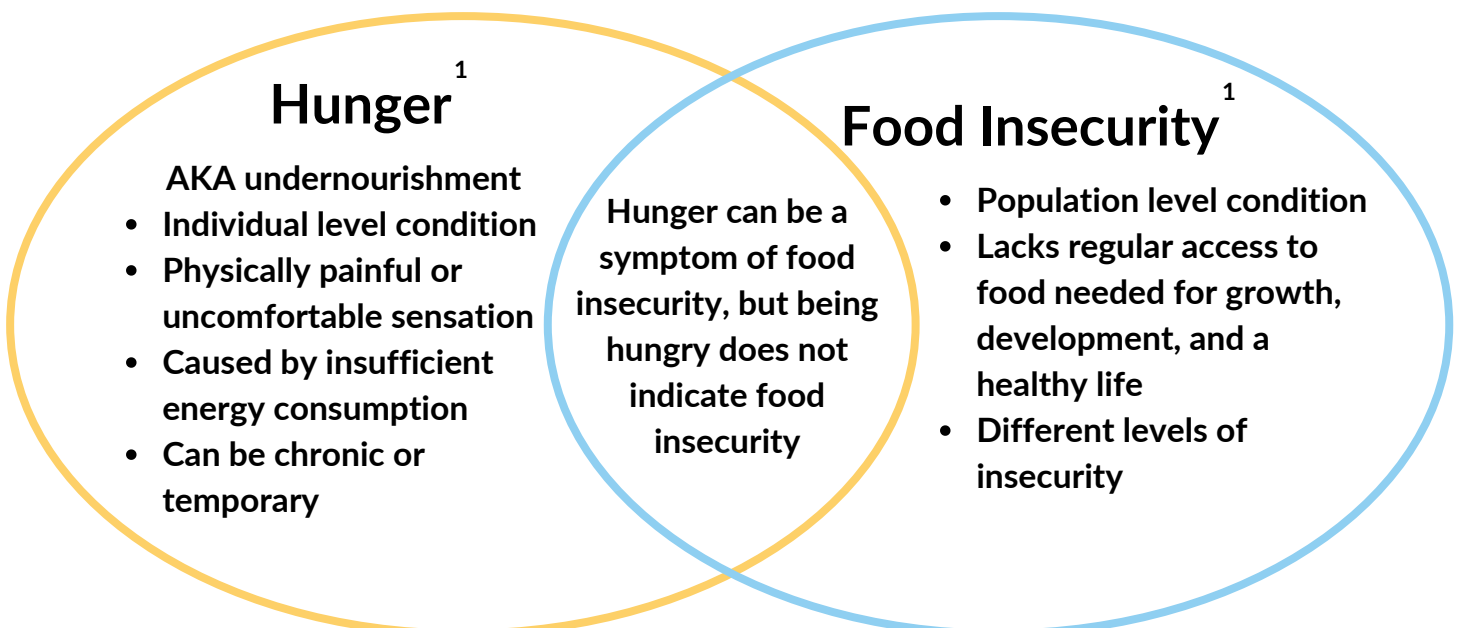
Figure 2: Socioeconomic factors relating to food insecurity²



The difference between hunger and food insecurity

There is a common misconception regarding hunger and food insecurity. Hunger is an individual-level condition that can be the result or consequence of food insecurity.¹

Due to consistent lack of food, the physical effect of hunger can be felt through discomfort, illness, or pain.¹ Chronic hunger may occur if someone has prolonged lack of access to the necessary dietary requirements to achieve a healthy, active life.³



How does food insecurity relate to wellbeing?

The lack of access to affordable and nutritious food is associated with increased risk of multiple chronic health conditions including diabetes, heart disease, obesity, mental health disorders, and other chronic diseases.⁴ Food insecurity among children is linked to higher risks of being hospitalized, worse oral health, behavioral problems, asthma, and poorer general health.⁵ Adverse health effects also arise when households with food insecurity make decisions in choosing between food and rent, bills, healthcare, and transportation.⁶ These poor health outcomes due to food insecurity create strains on the household budget which leaves little money for essential nutrition and medical care and causes the cycle to continue, increasing the risk of worsening existing health conditions.⁷

Some existing health conditions that are exacerbated include poor glycemic control for people with diabetes, end stage renal disease for individuals with chronic kidney disease, and low CD4 counts and poor antiretroviral therapy adherence among individuals living with HIV.⁸ Food insecure households often use coping strategies to stretch budgets that are harmful for health and wellbeing such as postponing or forgoing preventive or needed medical care, purchasing a low-cost diet that consists of nutrient-poor foods, engaging in cost-related medication underuse or non-adherence, and rationing infant formula.⁸ Food insecurity and the associated coping strategies also lead to higher healthcare utilization and increased healthcare costs from increased physician encounters and office visits, emergency room visits, hospitalizations, and expenditures for prescription medications.⁸

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FOOD INSECURITY IN ATHENS

AWP 2.0 Data	AWP 3.0 Data
20% of households cannot afford balanced meals at least some of the time	25% of households cannot afford balanced meals at least some of the time
Did not collect hunger measure in 2.0 data	11% of households went hungry in last 30 days
12% of households participate in SNAP	16% of households participate in SNAP
<2% of households receive WIC	4% of households receive WIC

Figure 3: Percentage of Food Insecure and Hungry Population in Athens Experiencing Economic Fragility

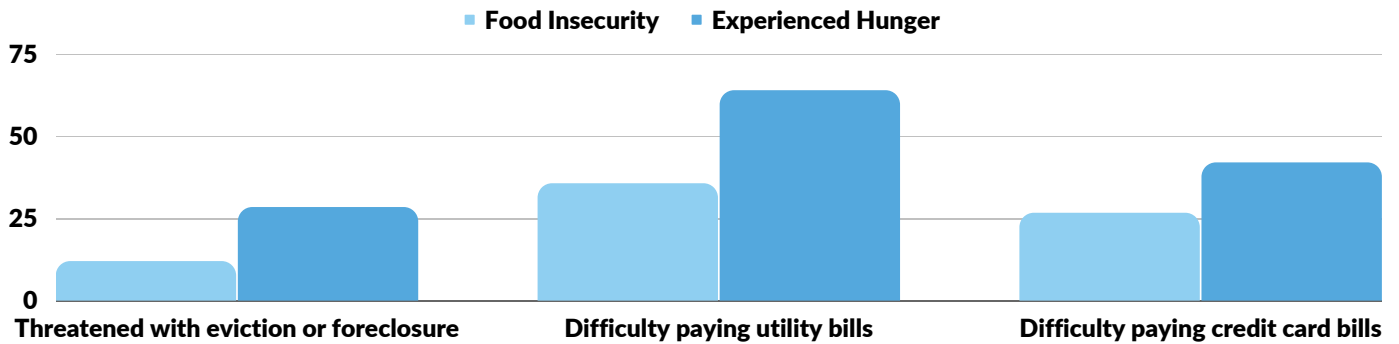
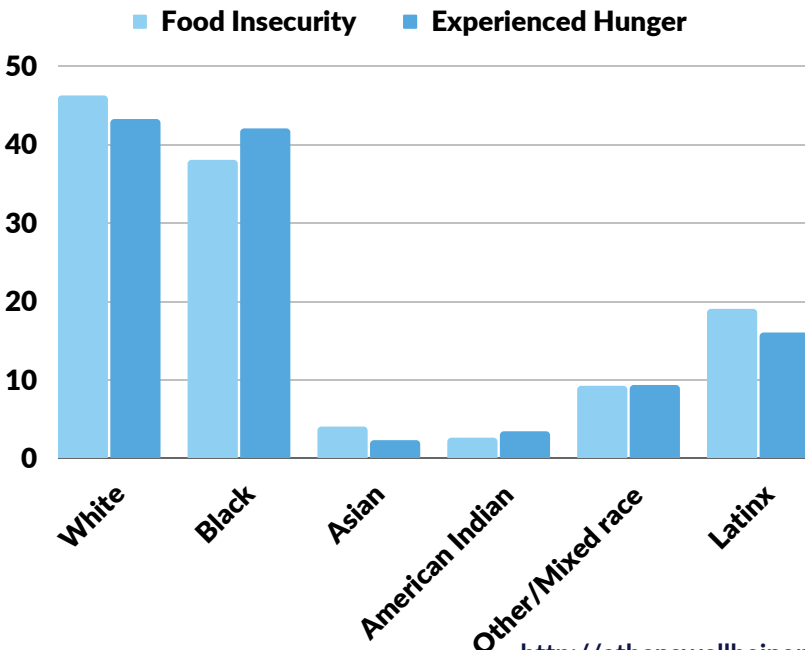
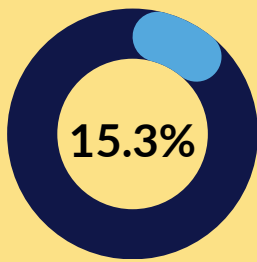


Figure 4: Percentage of Food Insecure and Hungry Population in Athens By Race/Ethnicity



Figures 3 and 4 show demographic information of the food insecure and hungry population in Athens. Economic fragility measures difficulty paying bills in the last 90 days, and many households experiencing food insecurity and hunger often choose between food and bills. Over 60% of hungry population had difficulty paying bills, and at least 1 in 4 people with food insecurity have trouble paying bills.

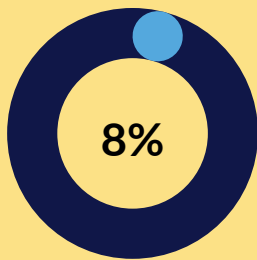
SPECIAL POPULATIONS: CHILDREN AND OLDER ADULTS



of children in Athens-Clarke
County are food insecure¹

Nationally, about 1 in 8 households with children have difficulty accessing food.¹ Childhood hunger has steadily decreased over the past few decades, but the coronavirus pandemic increased need.² Black children populations had the highest food insecurity rate at 22%.¹

21% of food insecure children are not eligible for governmental food assistance.¹



of older adults in Georgia
are food insecure¹

Among older adults (60 years and older), 60 to 69 year olds have the highest rate of food insecurity (8.2%).² This number is expected to grow as the older adult population increases. Many older adults live on a fixed income based on lifetime earnings, and 7 out of 10 older adults experiencing food insecurity are above the poverty line.² Black and Hispanic populations, lower income levels, and older adults with disabilities are more likely to experience food insecurity.³

When choosing between paying for food or another need, the top concerns are medicine or medical care (63%), utilities (60%), rent/mortgage (49%), or transportation needs (58%).⁴

References:

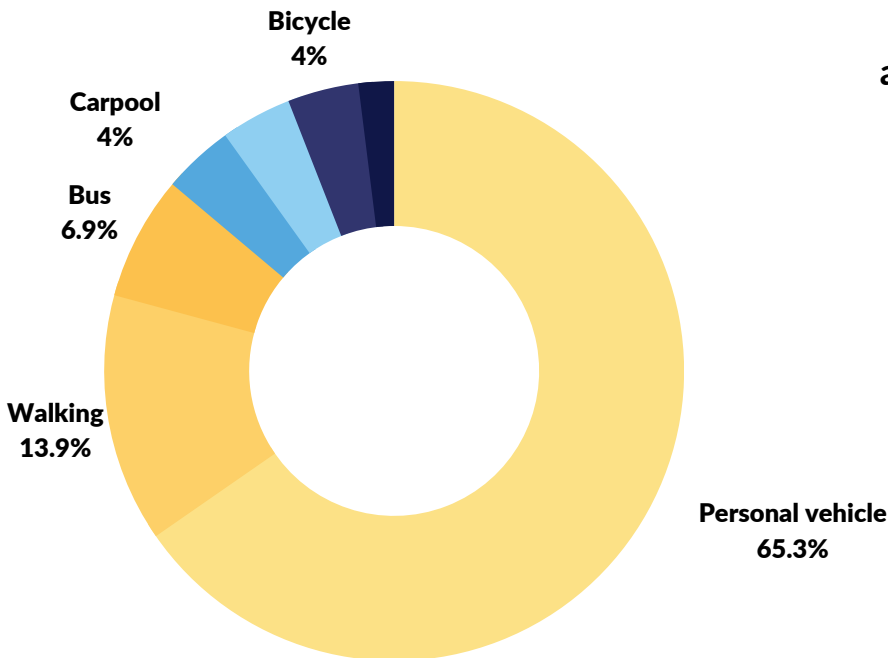
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2. USDA. (2022, February). USDA ERS. Retrieved May 29, 2023 from <https://www.ers.usda.gov/amber-waves/2022/february/food-insecurity-for-households-with-children-rose-in-2020-disrupting-decade-long-decline/>
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TRANSPORTATION AND FOOD INSECURITY

How transportation affects food security

Along with financial resources, transportation to food resources is one of the main functions of food security. People must be able to walk, bike, drive, or ride to a grocery store or market in order to have access to healthy food. A lack of transportation also limits access to local food pantries and non-profits where low income individuals can receive food donations.¹ Social networks such as friends, families, and neighbors or using rideshare services such as Uber may be used as alternative transportation resources but can be inconsistent or expensive.¹ People with disabilities, rural residents, minority populations, and families without access to a personal vehicle or public transportation are more likely to experience food insecurity.¹

Figure 5: Primary Means of Transportation in Athens-Clarke County



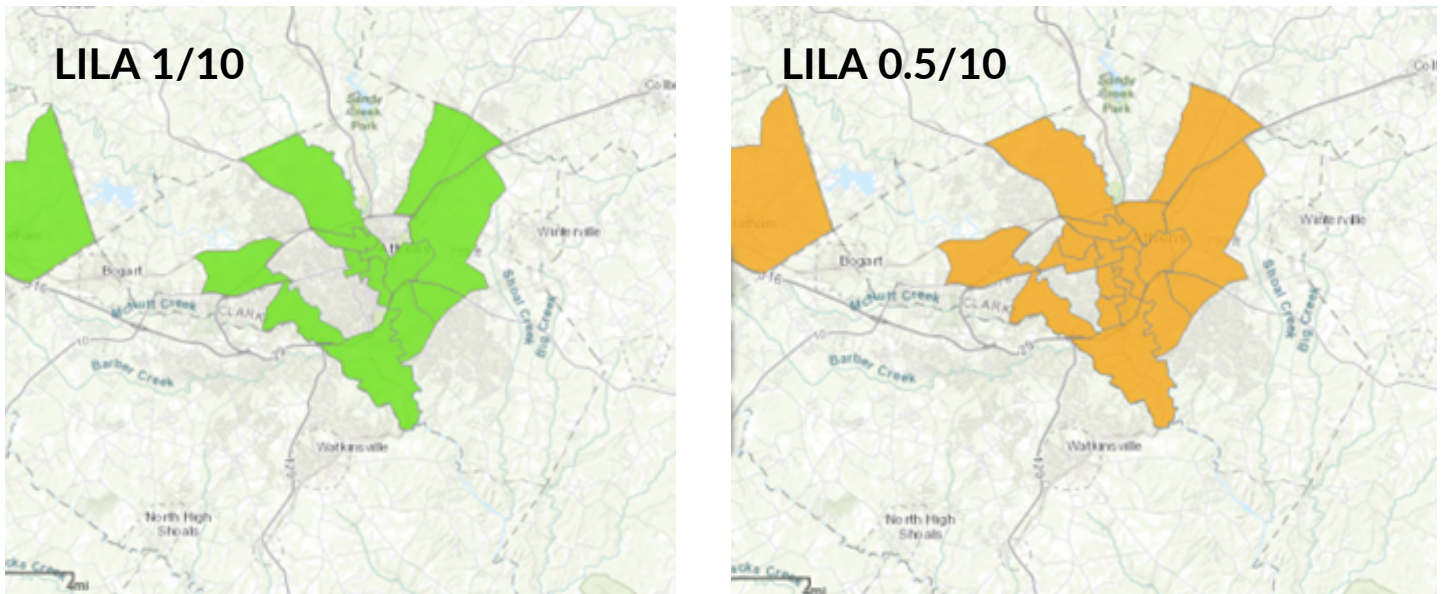
Over 65% of Athens rely on a personal vehicle for their primary means of transportation. When asked about the reliability of their primary transportation, over 84% find their transportation to be reliable. However, only 69.2% of people in Athens experiencing food insecurity have reliable transportation, and 61% of those who experienced hunger in the last 12 months. The absence of a reliable means of transportation can further impede access to health food options.

Low Income, low access areas

The USDA terms geographic areas of low income communities with limited access to healthy, affordable food as “low income, low access” (LILA) areas or food deserts.² Limited access to food resources is determined as at least 33% of the population lives at least 1 mile (or at least 10 miles for rural areas) from a supermarket or grocery store.² Without access to a vehicle, this boundary is reduced to at least ½ mile from a food source. The Food Access Research Atlas from the USDA provides a summary of census tracts in Athens-Clarke County where communities have low income and limited access both with and without a vehicle.³

The USDA uses the term low-income and low-access to better describe how they measure areas of food insecurity.² Many organizations use "food desert" to describe similar areas of food insecurity. This report will use both terms to reference areas with food insecurity.

Figure 6a: USDA Food Access Research Atlas map of Athens-Clarke County



The USDA maps in Fig 6a show the areas of Athens marked as food deserts. The eastern side of the county has a larger region of food insecurity. When limiting the distance to a store to 0.5 miles, more populated areas within the GA State Route 10 loop are also considered food insecure.

Vehicle Access

Compared to Fig 6b which shows access to a personal vehicle, the urban areas with low rates of vehicle access correlate with low income, low access areas in urban areas. Rural areas tend to have high vehicle access due to the community needs and lack of public transportation and walkability.

Figure 6b: Percent of Population with Vehicle Access
 Source: Social Mapping Atlas from AWP

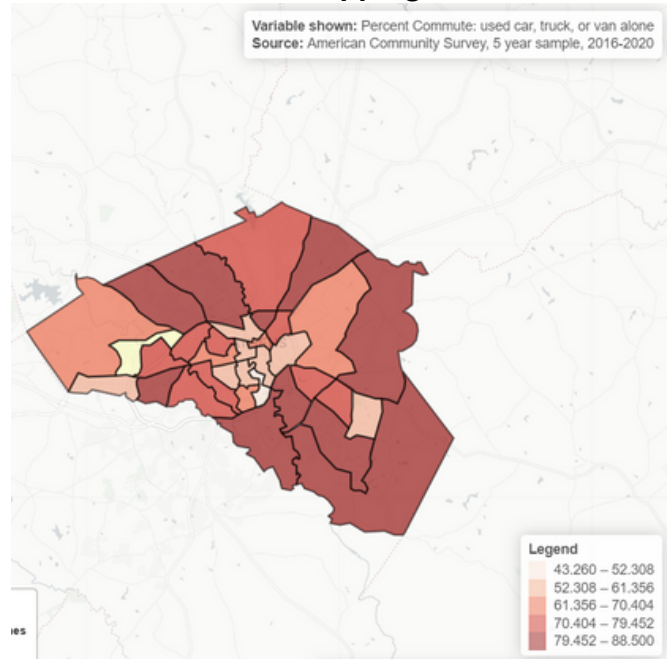
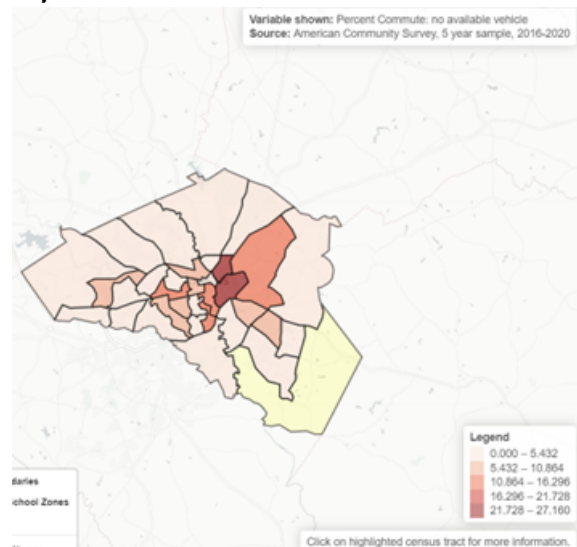
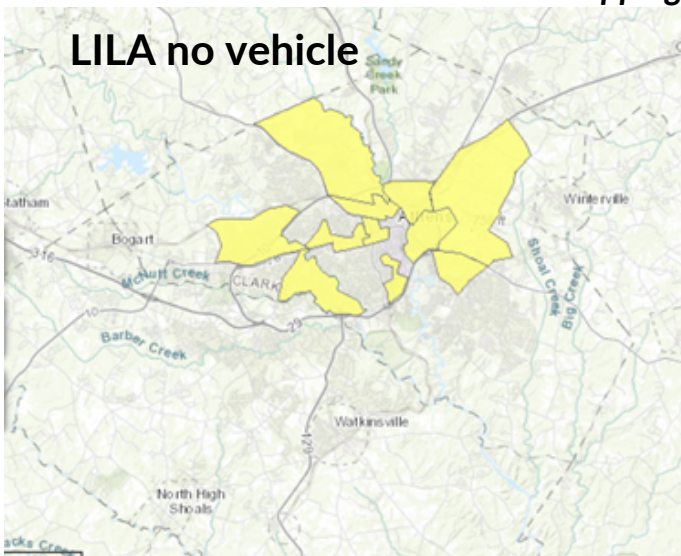


Figure 7: Low Income, Low Access Areas with no Vehicle Access
 Source: USDA Food Access Research Atlas map of Athens-Clarke County, Social Mapping Atlas from AWP



Without vehicle access, fewer areas are considered food deserts as shown in Fig 7. The school zones with the highest percentage of population without vehicle access that are also registered as food deserts are Gaines, Howard B Stroud, and Alps Road Elementaries.

Consequences of food deserts

Food deserts are strongly associated with income and sociodemographic factors. Minority neighborhoods have four times less supermarkets compared to white neighborhoods, and high income neighborhoods have three times as many compared to low income neighborhoods.⁴

The availability of healthy selections within stores may also be limited due to store stock and affordability. In response, these areas tend to have a high number of fast food restaurants and convenience stores that sell high-fat, high-sugar processed foods.⁵ With the limited access to other food options, convenience stores and restaurants produce a financial strain on consumers compared to traditional grocery options and may contribute to higher levels of chronic conditions such as obesity, high cholesterol and blood pressure, and diabetes.⁵ If consumers are making a trip to larger stores, they tend to buy non-perishable items to prevent losing food to spoilage between grocery trips or during commutes.

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GOVERNMENTAL PROGRAMS FOR FOOD INSECURITY

SNAP and WIC

Several governmental and non-governmental programs are established to address food insecurity. The two main federal food assistance programs are Supplemental Nutrition Assistance Program (SNAP formerly known as food stamps) and the Special Nutrition Program for Women, Infants, and Children (WIC). 16% of households in Athens receive SNAP benefits with the average benefit of \$212 per month.¹

Figure 8: Percentage of WIC and SNAP Participation in Athens Experiencing Economic Fragility

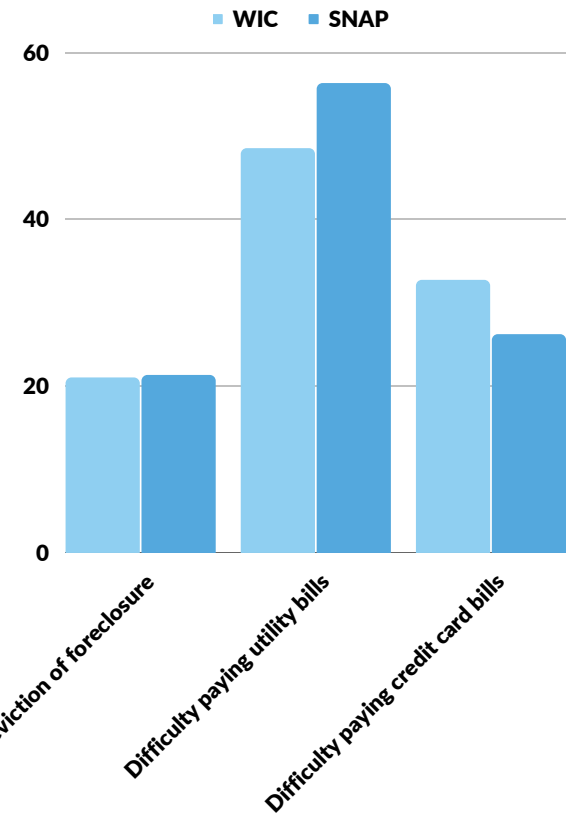
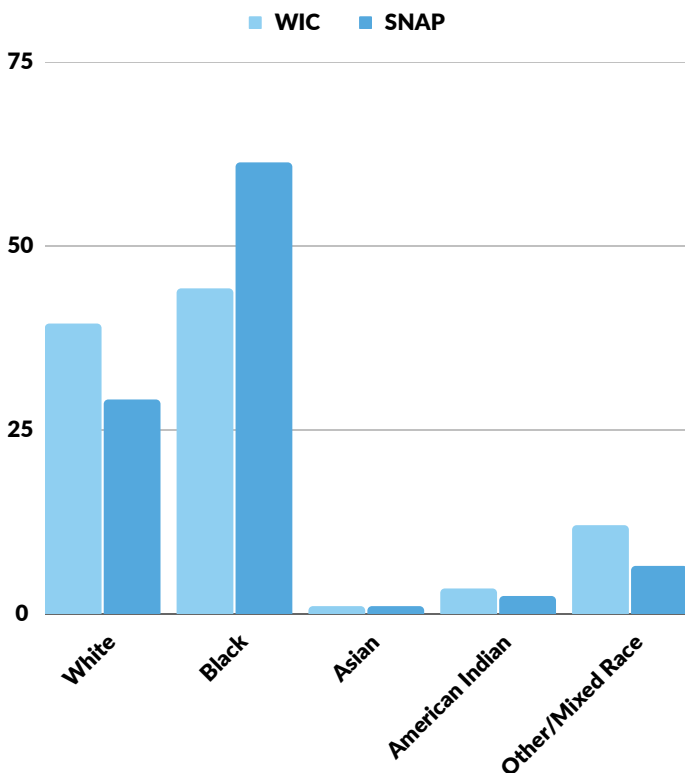


Figure 9: Percentage of WIC and SNAP Participation in Athens By Race/Ethnicity



Figures 8 and 9 show demographic information on SNAP and WIC participation. At least 1 in 5 participants experience economic fragility by difficulty paying for bills. White and Black participants make up the majority of programs, and Black populations are more likely to participate in SNAP while White populations are more likely to participate in WIC.

Among people experiencing food insecurity:
 22% are on SNAP, 5.8% are on WIC
Among people experiencing hunger:
 36.4% are on SNAP and 9.2% are on WIC

GOVERNMENTAL PROGRAMS FOR FOOD INSECURITY

Underutilization

Of residents eligible for SNAP, 67% of ACC residents receive SNAP benefits while 86% of eligible Georgians participate in the program.² Several reasons may contribute to underutilization of the program. The application process is lengthy and difficult to understand with an online application, case worker interview, and documentation for final decisions. Due to the common confusion over the eligibility requirements, approximately 1 in 4 people do not know if they are eligible to participate in SNAP or WIC.³

33% of eligible households in Athens do not participate in SNAP²

In addition, the process may not be worth the time and effort of receiving the monthly benefit. Athens-Clarke County has long wait times to register and recertify for SNAP benefits compared to other counties in Georgia, with some people waiting between 5 to 8 hours at the local DFCS office.² With the average monthly benefit of \$212 in Georgia, the amount may not be sufficient in covering lost wages and time completing the application. Other reasons for under-utilization include language barriers in applying for the program, stigma in participating in SNAP, or perceived consequences of participating in governmental programs.⁴

References:

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REPORT SUMMARY

Key Takeaways

Food insecurity is marked by chronic limited access to healthy food needed from growth and development and sustaining active life. Low income, unemployment, disabilities, and minority groups all have higher risk of having low food security. Food insecurity can increase risk of diabetes, obesity, heart disease, and other health conditions. Children and older adults are specifically susceptible to food insecurity and worse health outcomes.

Transportation and access to food resources are main functions of food security.

- People in Athens experiencing food insecurity are 15% less likely to indicate their means of transportation is reliable.
- Food deserts are areas with limited access to supermarkets or grocery stores, and areas of Athens with no vehicle access, low income populations, and rural areas are likely to have food deserts.
- People living in food deserts are more likely to experience the negative effects of food insecurity.

16% of households in Athens receive SNAP benefits.

- 1 in 5 participants experience economic fragility. White and Black populations make up the majority of SNAP and WIC participants.
- 22% of people experiencing food insecurity are on SNAP.
- 33% of eligible households in Athens do not participate in SNAP, and the main reasons are the lengthy application process, long wait times to certify benefits, stigma against using the program, and language barriers.



APPENDIX

A. Glossary

B. Methods

C. AWP Overview

D. County Demographics

E. 3.0 Survey Instrument

GLOSSARY

FOOD INSECURITY TERMS

Supplemental Nutrition Assistance Program (SNAP): The nation's largest domestic food and nutrition assistance program for low-income Americans.¹

Special Supplemental Nutrition Program for Women, Infants, and Children (WIC): Provides federal grants to states for supplemental foods, health care referrals, and nutrition education for low-income pregnant, breastfeeding, and non-breastfeeding postpartum women, and to infants and children up to age 5 who are found to be at nutritional risk.²

Social Determinants of Health: the conditions in the environments where people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks.³

Hunger: An individual-level physiological condition that can be the result of food insecurity.⁴

Malnutrition: deficiencies, excesses or imbalances in a person's intake of energy and/or nutrients.⁵

High Food Security: no reported indications of food-access problems or limitations.⁶

Marginal Food Security: one or two reported indications—typically of anxiety over food sufficiency or shortage of food in the house. Little or no indication of changes in diets or food intake.⁷

Low Food Security: reports of reduced quality, variety, or desirability of diet. Little or no indication of reduced food intake.⁸

References:

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GLOSSARY

FOOD INSECURITY TERMS

Very Low Food Security: reports of multiple indications of disrupted eating patterns and reduced food intake.⁹

Wellbeing: encompasses quality of life and the ability of people and societies to contribute to the world with a sense of meaning and purpose, and is determined by social, economic, and environmental conditions.¹⁰

Health Disparity: preventable differences in the burden of disease, injury, violence, or opportunities to achieve optimal health that are experienced by socially disadvantaged populations¹¹

Food Desert: a region where the people who live there have limited access to healthy and affordable food¹²

Food Desert(USDA): an area that has either a poverty rate greater than or equal to 30% or a median family income not exceeding 80% of the median family income in urban areas, or 80% of the statewide median family income in nonurban areas¹³

References:

9. Very Low Food Security - United States Department of Agriculture. 2022.

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APPENDIX B: AWP 3.0 METHODS

SURVEY DEVELOPMENT

The survey instrument was developed by the research team in conjunction with all institutional stakeholders. The instrument was specifically designed to collect information not available from other secondary data sources. Where available, validated measures from other nationally-representative surveys (e.g. National Housing Survey) were utilized to ensure validity and the ability to compare Clarke- County to those sources.

DATA COLLECTION

Online and paper surveys were available for respondents. The survey instrument was made available in both English and Spanish. Stratified random sampling of single family homes and a census of vulnerable populations were conducted. Selected families received several rounds of hand-written postcards notifying them of selection. Neighborhood Leaders, in partnership with Family Connections-Communities In Schools also assisted with community events and increasing survey responses. Email follow-ups were also sent to all families in Clarke County School District to increase responses. For homeless and transitional families, social service agencies serving those families assisted with data collection. A total of 3,997 households responded.

DATA ANALYSIS

Once data were collected, they were cleaned and coded for analysis. The unit of analysis is the household. Sample weights were created by the research team to increase representativeness of the sample. The resulting sample has a margin of error of +/-2%. Additional variables for analysis were created (e.g. a poverty measure using income and household size). Descriptive statistics were generated for each Athens Wellbeing Project Domain. Housing statistics are presented in this report.

INTERPRETATION

The data presented in this report are descriptive in nature. Measures are presented for the full sample and by sub-categorization of additional strata or subpopulations as appropriate. AWP data are meant to be used in conjunction with other existing data sources--both primary and secondary, qualitative and quantitative--in order to ascertain the most comprehensive understanding possible of outcomes of interest and general levels of wellbeing in our community. Where possible, data visualizations are used for ease of interpretation.

The primary audience for this report is the Housing and Community Development Department (HCD) of the Athens Clarke County Unified Government. This report provides data, analysis, and information that may partially fulfill reporting requirements for the department to the U.S Department of Housing and Urban Development.

APPENDIX C: AWP 3.0 DATA OVERVIEW

More about the Athens Wellbeing Project

The sampling plan for the Athens Wellbeing Project (AWP) was designed to obtain a random sample of county residents representative of the total population of Athens-Clarke County. The first step in selecting the AWP sample was to create a list of all residence or living communities (i.e. apartment buildings, public housing communities, mobile home parks, and retirement communities) in Athens-Clarke County. This list, hereafter referred to as the sampling frame, was used to select a residence. For the purposes of the AWP, the unit of analysis is conceptualized as the household. Within each selected residence, a single resident living in the household received the AWP survey and was asked to respond on behalf of all residents living in the household. This person is hereafter referred to as the respondent.

To create a sample that represented the population of interest the sampling frame needed to include all Athens-Clarke County residences. Sources for these lists included the Athens Clarke County Unified Government Department of Housing & Community Development and the Athens Housing Authority. The list of residences was comprised of the following types of dwellings:

- Single family residences, condos, and duplex buildings
- Apartment complexes
- Public Housing communities
- Mobile home parks
- Retirement communities

Next, the sampling frame was evaluated to determine which Athens-Clarke county residents might be underrepresented or missing from the frame completely. During the evaluation of the sampling frame, we determined that homeless and transitional residents could be missing from the frame. For the purposes of AWP, we defined homelessness according to the McKinney-Vento Homeless Assistance Act of 1987 (Pub. L. 100-77, July 22, 1987, 101 Stat. 482, 42 U.S.C. § 11301).

Using the McKinney-Vento definition means that we defined homelessness more broadly than only including individuals with no shelter or residing in homeless shelters. This definition also encompasses individuals who might be living with friends or family members or otherwise “transitional” residents presented special challenges in constructing the sampling frame, and as a result we had to “select” them into the AWP sample differently from other residents.

AWP 3.0 DATA OVERVIEW

The AWP data collection strategy used both postcard mailings and in-person, door-to-door follow up. Four rounds of postcard mailers were sent to each household in the sample. The postcards included information on the project, instructions to complete the survey online (or to request a paper copy), the household's unique Survey ID to complete the survey, and information on chances to win the incentive for completion.

The second mechanism for data collection was in-person follow up and administration of the survey instrument, conducted by data collection teams. Data collection teams were composed of a Neighborhood Leader—an infrastructure already existing in the community under Family Connection-Communities in Schools. Each neighborhood was assigned a Neighborhood Leader who has experience living and working in Athens and engaging with their local community. The Neighborhood Leader was the manager of each data collection team, composed of the NL and students from the University of Georgia. All data collection team members received training in Fall 2018 to prepare them for in-person collection.

AWP 3.0 data collection resulted in 1,078 households completing the survey in Athens-Clarke County, with a +/-3% margin of error. The response rate for the full sample was 12%, however, sampling weights were created and are utilized for all analysis and reporting to ensure representativeness of the data. The analysis weights account for variation in the probability of being included in the sample, and for varying rates of response across the sampling strata. The resulting sample from this round of collection is one that is robust and representative of Athens-Clarke County households.

Additional survey data were collected from surrounding counties with a shorter version of the survey that focused on health and demographics, using a convenience sampling method. This resulted in an additional 1,000 surveys that were used to supplement regional understanding of health needs in the counties served by healthcare providers in Athens-Clarke County.

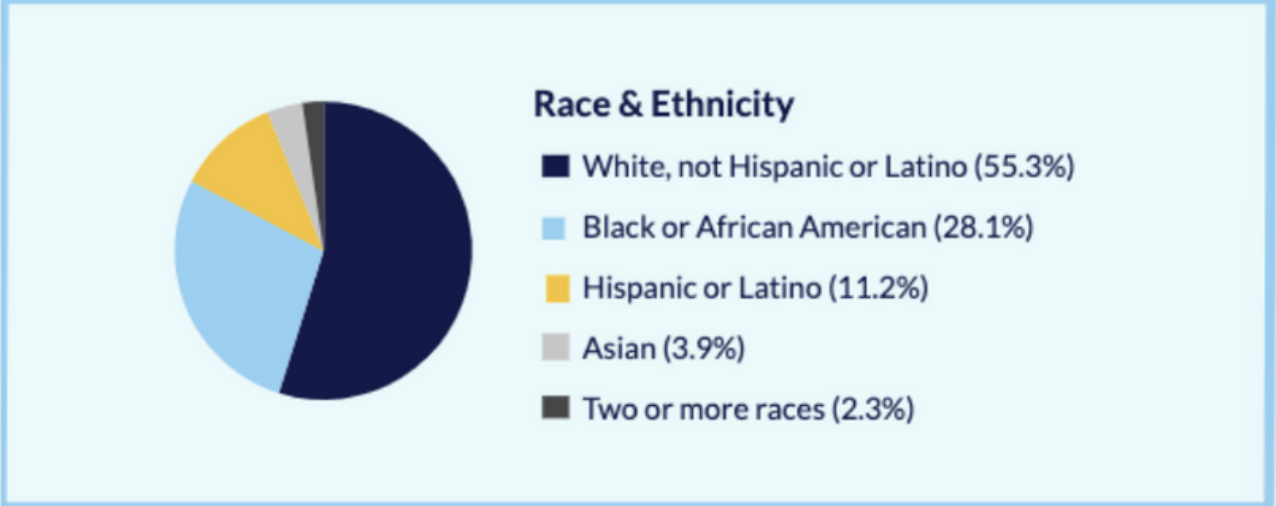
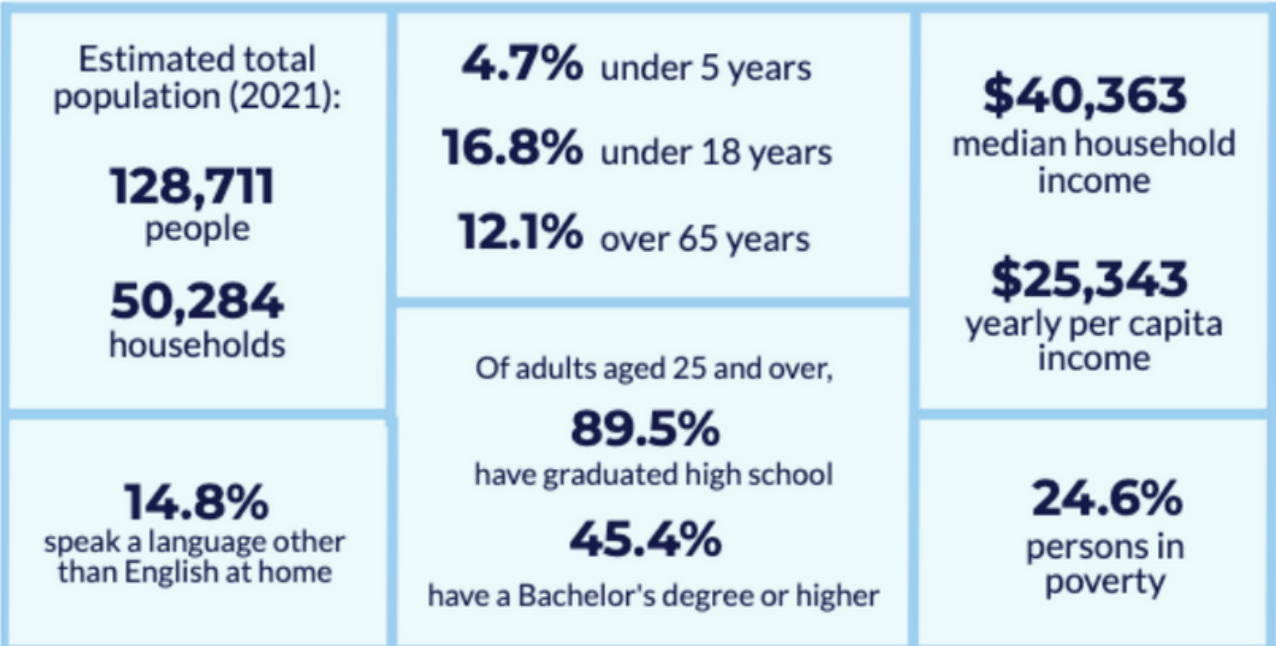
A critical component of executing this work was achieving approval from the University of Georgia's Institutional Review Board (IRB) to conduct the project. The project was submitted to IRB in June 2016, and after being reviewed was determined that it was not deemed "research," but rather was a project designed to provide research and analysis to stakeholders in the Athens Clarke County community. Thus, the project was exempt from further IRB oversight (IRB Study ID #00003747).

DEMOGRAPHICS

Community Characteristics

Athens-Clarke County is a diverse community with significant variation in income, education, health access and outcomes, housing, and civic participation. While the focus of this report is on housing, a demographic overview of population characteristics is provided for two reasons: 1) this information is useful for descriptive context; and 2) AWP recognizes and promotes understanding of the intersectionality of domains across all aspects of life in our community. In order to demonstrate the complementary natures of AWP to existing secondary data, the demographics presented here are from the U.S. Census Bureau's County Quick Facts. Population estimates presented below represent July 2021 data.

Census Quick Facts: Clarke County, GA



APPENDIX D: AWP 3.0 SURVEY INSTRUMENT

31. Are you currently receiving any of the following benefits? Please select all that apply.

- TANF (Temporary Assistance for Needy Families)
- Disability Insurance/SSDI (Social Security Disability Insurance)
- Childcare assistance/CAPS (Childcare and Parent Services)
- Section 8 Housing Assistance
- SSI (Supplemental Security Income)
- WIC (Special Supplemental Nutrition Program for Women, Infants, and Children)
- Food stamps/SNAP (Supplemental Nutrition Assistance Program)
- I do not currently receive any of the benefits listed above.

37. What mode of transportation do you rely on in a typical week? Please select all that apply.

- Personal vehicle
 - Carpool
 - Bus
 - Taxi/Uber/Lyft
 - Bicycle
 - Walking
 - Other (please specify):
-

69. In the past 12 months, were you ever hungry but didn't eat because there wasn't enough money for food?

- Yes
- No

70. "We couldn't afford to eat balanced meals." Was that often, sometimes, or never true for you in the last 12 months?

- Often
- Sometimes
- Never true